

APPLICATION
FIRE DEPARTMENT
City of Ladue

Instructions to Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of *Ladue Fire Fighter or Paramedic*.

- It is your responsibility to complete this form and provide all information.
- All entries must be printed legibly in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- Initial EACH page on the bottom right corner.
- Pursuant to Public Law 93-579, the disclosure of your social security number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The social security number assists the Department in differentiating between applicants with similar or identical names.
- If you need more space for any response, use the second to last page of this form (page 19) and identify the additional information by the question number.
- Upon completion, this application must be returned to the Ladue Fire Department – Attention Fire Chief, 9213 Clayton Road, Ladue, Missouri 63124.

Disqualification

There are very few *automatic* bases for disqualification. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or convictions are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and will result in your application being rejected, regardless of the nature or reason for the misstatement/omissions.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

The City of Ladue is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, age, sex, disability, veteran status, national origin or other characteristics protected by law. If you need any accommodation in completing this Application, please contact the Ladue Fire Chief at (314) 993-0181.

APPLICATION CHECKLIST

The following documents must be included with this application, or explain fully why they are not included. All documents submitted become the property of the Ladue Fire Department and will not be returned.

1. Completed Certificate of Applicant and Authorization for Release of Information.

____ YES ____ NO

2. St. Louis County or St. Louis City Police Record Search

____ YES ____ NO

3. Copies of High School Diploma or GED.

____ YES ____ NO

4. Copy of military discharge papers - DD Form 214

____ YES ____ NO

5. Naturalization papers (if applicable)

____ YES ____ NO

6. Copy of current Missouri paramedic's license, ACLS, PHTLS, PALS, and if have, EMT-P National Registry certificate.

____ YES ____ NO

7. Copy of St. Louis County Fire Academy Certificate.

____ YES ____ NO

8. Copy of applicable State certifications.

____ YES ____ NO

IF UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

PERSONAL HISTORY STATEMENT

SECTION I: PERSONAL DATA			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			<input type="checkbox"/> N/A
3. PRESENT ADDRESS			
NUMBER/STREET _____		APT/UNIT _____	
CITY _____		STATE _____	ZIP _____
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL	7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. DRIVER'S LICENSE NUMBER		9. STATE ISSUED	
10. CITIZENSHIP			
Are you a U.S. citizen.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, are you a resident alien who is eligible and has applied for U.S. citizenship.....			<input type="checkbox"/> YES <input type="checkbox"/> NO
If naturalized citizen give: Date: _____ Place: _____ Certification # _____			
11. SOCIAL SECURITY NUMBER (OPTIONAL)			
12. Based on the essential functions of the position for which you are applying (as described in the attached written job description), are you able, with or without reasonable accommodation, to perform these essential job functions?.....			
			<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL HISTORY STATEMENT

SECTION 2: RESIDENCE HISTORY

13. LIST OF RESIDENCES

- List all residences **during the last 10 years**, excluding your present address.
- Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 19.*

13.1	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

13.2	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

13.3	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

PERSONAL HISTORY STATEMENT

SECTION 2: RESIDENCE HISTORY <i>continued</i>			
13.4	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		
13.5	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		
13.6	FORMER ADDRESS (NUMBER/STREET/APT)		
	CITY	STATE	ZIP
	FROM (MM/YYYY)	TO (MM/YYYY)	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
	NAME(S) OF THOSE WITH WHOM YOU LIVED:		
	REASON FOR MOVING:		

PERSONAL HISTORY STATEMENT

SECTION 3: REFERENCES

14. LIST OF REFERENCES

- List 4 people (not relatives, former employers, fellow employees, or school teachers) who you have known well during the past five years.

14.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?			BEST TIME TO CONTACT THIS PERSON?	
	HOW DO YOU KNOW THIS PERSON? _____ _____				

14.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?			BEST TIME TO CONTACT THIS PERSON?	
	HOW DO YOU KNOW THIS PERSON? _____ _____				

14.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?			BEST TIME TO CONTACT THIS PERSON?	
	HOW DO YOU KNOW THIS PERSON? _____ _____				

14.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER/STREET/APT/CITY/STATE/ZIP)		
	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	
	OCCUPATION		BUSINESS ADDRESS		
	HOW LONG HAVE YOU KNOWN THIS PERSON?			BEST TIME TO CONTACT THIS PERSON?	
	HOW DO YOU KNOW THIS PERSON? _____ _____				

PERSONAL HISTORY STATEMENT

SECTION 4: EDUCATION

15. LIST ALL HIGH SCHOOLS ATTENDED

15.1	NAME OF HIGH SCHOOL		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		

15.2	NAME OF HIGH SCHOOL		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		

15.3 Did you graduate and receive a High School Diploma?..... ☐ Yes ☐ No

If no, do you have a High School Equivalent Certificate?..... ☐ Yes ☐ No

If yes, who issued certificate? _____ Date Issued _____

16. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

16.1	NAME OF COLLEGE/UNIVERSITY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		
	TYPE OF DEGREE EARNED	MAJOR/AREA OF STUDY	YEAR OF DEGREE

16.2	NAME OF COLLEGE/UNIVERSITY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		
	TYPE OF DEGREE EARNED	MAJOR/AREA OF STUDY	YEAR OF DEGREE

16.3	NAME OF COLLEGE/UNIVERSITY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL UNITS/CREDITS COMPLETED _____ <input type="checkbox"/> Quarter System <input type="checkbox"/> Semester System
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)		
	TYPE OF DEGREE EARNED	MAJOR/AREA OF STUDY	YEAR OF DEGREE

PERSONAL HISTORY STATEMENT

SECTION 4: EDUCATION *continued*

17. LIST ALL TRADE VOCATIONAL, AND BUSINESS SCHOOLS/INSTITUTES ATTENDED

☐ N/A

17.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU COMPLETE THE COURSE <input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING

18. LIST ALL FIRE ACADEMIES ATTENDED:

☐ N/A

18.1	NAME OF ACADEMY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT #

18.2	NAME OF ACADEMY		
	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT #

19.1 Have you ever been subject to any disciplinary action, including academic probation, suspension, or expulsion from any high school, college/university, business, or trade school?.....

☐ Yes ☐ No

19.2 If YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s) and explanation of circumstances.

19.3 What foreign languages do you speak? _____ Write? _____ Read? _____

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT

20. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, indicate such on from and continue to Section 6.
- List **ALL** periods of unemployment in **excess of 30 days**.
- If more space is needed, continue your response on page 19.

20.1	NAME OF CURRENT EMPLOYER			SUPERVISOR	
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)				
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL	
	DUTIES/ASSIGNMENTS _____ _____				
	REASON FOR WANTING TO LEAVE _____ _____				
	Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____				

20.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____	FROM (MM/YYYY) /	TO (MM/YYYY) /
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20.3	NAME OF PREVIOUS EMPLOYER			SUPERVISOR	
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)				
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL	
	DUTIES/ASSIGNMENTS _____ _____				
	REASON FOR LEAVING _____ _____				

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

20.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____	FROM (MM/YYYY) /	TO (MM/YYYY) /
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20.5	NAME OF PREVIOUS EMPLOYER		SUPERVISOR	
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)			
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL
	DUTIES/ASSIGNMENTS _____ _____			
	REASON FOR LEAVING _____ _____			

20.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____	FROM (MM/YYYY) /	TO (MM/YYYY) /
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20.7	NAME OF PREVIOUS EMPLOYER		SUPERVISOR	
	FROM (MM/YYYY) /	TO (MM/YYYY) /	TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	ADDRESS (NUMBER/STREET/SUITE/CITY/STATE/ZIP)			
	JOB TITLE/RANK	CONTACT NUMBER ()	EXT	EMAIL
	DUTIES/ASSIGNMENTS _____ _____			
	REASON FOR LEAVING _____ _____			

20.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: ____	FROM (MM/YYYY) /	TO (MM/YYYY) /
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PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT <i>continued</i>	
21. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever been fired, placed on probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever been involved in a physical / verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever quit without giving notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever stolen any money or merchandise from any place of employment, or any time while working as a paramedic or firefighter? Include final disposition of all items (i.e., sold, retained, returned, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, how many sick days have you used in the past five years which were not due to illness? _____ days.	
If you answered "YES" to any of Questions 20-30, explain (include when, where, and circumstances – <i>reference corresponding numbers</i>).	

PERSONAL HISTORY STATEMENT

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

33. Have you **ever** applied for **any** position at another Fire Department, including the City of Ladue Fire Department (city, county, state, or federal)?..... ☐ Yes ☐ No

- If you answered "YES" to Question 33, list **EVERY** Department you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 19.*

33.1	NAME OF FIRE DEPARTMENT		DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)			
	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		CONTACT NUMBER ()	EXT
	POSITION APPLIED FOR		EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired			

33.2	NAME OF FIRE DEPARTMENT		DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)			
	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		CONTACT NUMBER ()	EXT
	POSITION APPLIED FOR		EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired			

33.3	NAME OF FIRE DEPARTMENT		DATE APPLIED (MM/YYYY) /	
	ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)			
	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		CONTACT NUMBER ()	EXT
	POSITION APPLIED FOR		EMAIL	
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired			

PERSONAL HISTORY STATEMENT

SECTION 6: MILITARY EXPERIENCE

34. Are you required to register for the Selective Service?..... ☐ Yes ☐ No

If YES, have you registered?..... ☐ Yes ☐ No

If NO, explain: _____

35. Have you ever served in the military?..... ☐ Yes ☐ No

• If more space is needed, continue your response on page 19.

36. If you answered "YES" to Question 35, include the following service information:

36.1	BRANCH OF SERVICE		FROM (MM/YYYY) /	TO (MM/YYYY) /
	SERIAL NO.	HIGHEST RANK HELD	PRIMARY DUTY	
	TYPE OF DISCHARGE <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214: _____			

36.2	BRANCH OF SERVICE		FROM (MM/YYYY) /	TO (MM/YYYY) /
	SERIAL NO.	HIGHEST RANK HELD	PRIMARY DUTY	
	TYPE OF DISCHARGE <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214: _____			

36.3	BRANCH OF SERVICE		FROM (MM/YYYY) /	TO (MM/YYYY) /
	SERIAL NO.	HIGHEST RANK HELD	PRIMARY DUTY	
	TYPE OF DISCHARGE <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214: _____			

37. Are you currently participating in one of the following?..... ☐ Yes ☐ No

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

38. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)?..... ☐ Yes ☐ No

39. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?..... ☐ Yes ☐ No

40. Have you ever taken military property without permission for personal use, to sell, or to give away?..... ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT

SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any Questions 37-40, explain (include dates and circumstances).

PERSONAL HISTORY STATEMENT

SECTION 7: MOTOR VEHICLE INFORMATION

- List ALL vehicles you currently own.
- If more space is needed, continue your response on page 19.

41. CURRENT DRIVER'S/CHAUFFER'S LICENSE

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY) / /	NAME UNDER WHICH LICENSE WAS GRANTED

42. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY) / /	NAME UNDER WHICH LICENSE WAS GRANTED

43. Have you ever been refused a driver's license by any state?..... ☐ Yes ☐ No

If YES, explain (include when, where and circumstances):

44. Has your driver's license ever been suspended or revoked?..... ☐ Yes ☐ No

If YES, explain (include when, where and circumstances):

PERSONAL HISTORY STATEMENT

SECTION 7: MOTOR VEHICLE INFORMATION *continued*

45. LIST **ALL** TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED IN THIS STATE OR ELSEWHERE
If more space is needed, continue your response on page 19.

45.1	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

45.2	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

45.3	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

45.4	TYPE OF VIOLATION	LOCATION	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

46. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply): <input type="checkbox"/> Failed to Appear <input type="checkbox"/> Failed to Complete Traffic School <input type="checkbox"/> Failed to Pay the Required Fine If YES, explain circumstances:
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47. Have you EVER been involved as the driver in a motor vehicle accident..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give details below. • List ALL traffic accidents you have ever been involved in. • <i>If more space is needed, continue your response on page 19.</i>
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47.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

47.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

PERSONAL HISTORY STATEMENT

SECTION 7: MOTOR VEHICLE INFORMATION *continued*

48. Have you ever driven a vehicle without auto insurance, as required by law?..... ☐ Yes ☐ No

If YES, give reason	FROM (MM/YYYY) /	TO (MM/YYYY) /
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49. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?..... ☐ Yes ☐ No

If YES, give reason	DATE (MM/YYYY) /
INSURANCE COMPANY	

SECTION 8: LEGAL

• Disclosure of Convictions

- This section requires you to report convictions, and in some cases, offenses that may have been expunged. As a Fire Department applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is **strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 19.*

50. HAVE YOU **EVER** BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN THIS STATE OR ANY OTHER LEGAL JURISDICTION (INCLUDING OFFENSES IN THE UNIFORM CODE OF MILITARY JUSTICE)?..... ☐ Yes ☐ No

If YES, explain each incident:

50.1	CONVICTION	APPROX DATE (MM/YYYY) /	COURT
	DISPOSITION OR PENALTY _____ _____ _____		

50.2	CONVICTION	APPROX DATE (MM/YYYY) /	COURT
	DISPOSITION OR PENALTY _____ _____ _____		

50.3	CONVICTION	APPROX DATE (MM/YYYY) /	COURT
	DISPOSITION OR PENALTY _____ _____ _____		

PERSONAL HISTORY STATEMENT

SECTION 9: NARRATIVE

51. In 150 words or less, explain why you wish to work for the City of Ladue Fire Department and what qualifies you for the position for which you are applying:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

ADDITIONAL COMMENTS

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- This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

PERSONAL HISTORY STATEMENT

SECTION 10: CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the City of Ladue to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the City any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the City of Ladue, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that the City of Ladue may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the City of Ladue. In addition, I understand and agree that if I am employed my employment relationship with the City of Ladue is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the City of Ladue, and that no promises or representations contrary to the foregoing are binding on the City of Ladue unless made in writing and signed jointly by the Mayor, Department Head, and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or the City of Ladue benefits, policies and procedures will not alter the at-will nature of my employment relationship with the City.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Missouri or Illinois driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the City of Ladue auto insurance, if required for my position.

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall result in rejection of this application or immediate discharge if I am employed; regardless of the time elapsed by discovery.

I understand that, if hired, I am required to abide by all rules and regulations of the City of Ladue and to comply with all policies and procedures in an employee handbook, any policy and procedure manual or other communications to employees including but not limited to safety rules. I further understand that the City of Ladue's policy and procedures are subject to modification without notice.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date